

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20118

Do not use this space.

FILED JUN 19 1943

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 318
(b) Township _____ Primary Registration District No. 1003
(c) City ST. LOUIS (d) Street No. 11 Mary Infirmary Registered No. 5342
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 9 yrs. 11 mos. 11 ds. N.R.

2. PRINT FULL NAME

JENETTE VIRGIE
(a) Residence, No. 1221 No. 14th Street St. ☐ E. ST. LOUIS, ILL.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1906
7. AGE YEARS 37 MONTHS 2 DAYS - If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) HUSTON (STATE OR COUNTRY) MISS.

13. NAME PRINCE KING

14. BIRTHPLACE (CITY OR TOWN) MISS. (STATE OR COUNTRY)

15. MAIDEN NAME MARY ALICE

16. BIRTHPLACE (CITY OR TOWN) COUNSELL (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) 1221 No. 14th St.

18. BURIAL, CREMATION OR REMOVAL PLACE E. ST. LOUIS DATE 6-12 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. ST. LOUIS

20. FILED JUN 11 1943 1943 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 8, 1943

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1943, to 6-8, 1943

I last saw her alive on 6-8, 1943 Death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Pyelo-nephrosis
Non-calculous
Date of onset 10 days

Other contributory causes of importance: 13: a

Name of operation no Date of _____

What test confirmed diagnosis urine Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Heart Catheter

(Signed) H. H. Kather, M. D.

(Address) 1501 E. Broadway

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed

Registered Apprentice No.

Licensed Embalmer No. 3518

P. O. Address F. J. Thomas III

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.